

Fill in this information to identify the case:

Debtor 1	<u>Motors Liquidation Company, et al. f/k/a General Motors G</u>
Debtor 2 (Spouse, if filing)	_____
United States Bankruptcy Court for the: Southern District of New York	
Case number <u>09-50026 (REG)</u>	

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Fillers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>David Pier</u> Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor _____		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Andrews Myers, PC - ATTN: Lisa M. Norman</u> Name <u>1885 St. James Place, 15th Floor</u> Number Street <u>Houston TX 77056</u> City State ZIP Code Contact phone <u>713-850-4200</u> Contact email <u>Lnorman@andrewsmyers.com</u>	<u>Name</u> Number Street City State ZIP Code Contact phone _____ Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one). - - - - -			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Part 2: Give Information About the Claim as of the Date the Case Was Filed	
6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>unliquidated</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Personal injury claim - ignition switch</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____
	 Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	 Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
	 Amount necessary to cure any default as of the date of the petition: \$ _____
	 Annual Interest Rate (when case was filed): _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	Amount entitled to priority
<input type="checkbox"/> Yes. Check one:		
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).		\$ _____
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).		\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).		\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).		\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).		\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.		\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.
 I am the creditor's attorney or authorized agent.
 I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
 I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

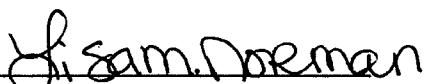
I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 09/19/2017
MM / DD / YYYY

/s/ Lisa M. Norman

Signature



Print the name of the person who is completing and signing this claim:

Name	Lisa M. Norman		
	First name	Middle name	Last name
Title	Attorney		
Company	Andrews Myers, PC		
Identify the corporate servicer as the company if the authorized agent is a servicer			
Address	1885 St. James Place, 15th Floor		
	Number	Street	
	Houston	TX	77056
City	State	ZIP Code	
Contact phone	713-850-4200		
	Email <u>Lnorman@andrewsmyers.com</u>		

PROOF OF CLAIM SUMMARY

Last Name of Claimant	Pier
First Name of Claimant	David
Nature of Claim	Personal injuries arising out of motor vehicle accident
Accident Location	Suffolk, VA
Accident Description	Son of claimant, Joshua, fell asleep while driving, veered off the road and hit a tree
Injury Description	Left broken femur, lacerated aorta, died as a result of his injuries
Airbag Deployed	No
Date of Injury	01/16/2005
Year and Model of Vehicle	1997 Pontiac Grand Am
Amount of Claim	To be determined (unliquidated)
Prior or Current Litigation	No
Jury Trial Demand	Claimant demands a jury trial, to the extent permitted by law, with respect to the adjudication of this claim. Pursuant to 28 U.S.C. §157(e), claimant does not consent to such jury trial being conducted in the United States Bankruptcy Court for the Southern District of Texas ("Bankruptcy Court").
No Consent to Bankruptcy Court Adjudication	By virtue of filing this proof of claim, claimant does not consent to the jurisdiction of the Bankruptcy Court and does not waive the right to dispute the jurisdiction of the Bankruptcy Court to hear any proceeding, motion or other matter related to this claim or any other rights of claimant apart from this claim. Claimant hereby expressly does not consent to this claim being adjudicated in the Bankruptcy Court.
Reservation of Rights	The filing of this proof of claim is not intended to waive or release any of claimant's rights against any other entity or person that may be liable for all or part of this claim.